TRANSCRIPT REQUEST

Michigan Department of Corrections

*** NOTE *** - Please return this request form with the transcript

NAME OF HIGH SCHOOL✓	PRISON SCHOOL INFO. Date Request was Faxed from F / /2004
NAME OF GED CENTER OF ADULT ED CENTER	(Request will be mailed to your prison upon receipt)
CITY 🗾 STATE 💆	FAX NUMBER 🗾
The following individual will be enrolled in c time it is determined that a high school dip	our Adult Basic Education Program until sud loma or GED has been obtained.
•	•

Please review your records and send, fax, or email the following reports: High School Diploma/Transcripts, GED certificate, Special Education Records, including most recent IEPC, most recent MET, and all attached reports (psychological, social work, etc.)

Egeler Reception & Guidance Center - School Office 3855 Cooper Street - Jackson, Michigan 49201 517-780-7882 or 780-5804

FAX # 517-780-7871 or 780-5821

Email: klavonnj@michigan.gov or gornickj@michigan.gov

Clearly state if he <u>DID or DID NOT</u> graduate!!

Thank you for your assistance.

James Gornick Egeler School Principal

Egeler Reception & Guidance Center Educational History

Please read the following <u>BEFORE</u> answering any of the questions:
All claims of high school diploma's and/or GED's will be researched. The more accurate you are in your response, the better your chances are of being classified to a prison that is most suitable for your needs.

Prisoner Number	Date of Birth	
Your Full Name (name used as student)		
Have you ever been diagnosed as "Special Educational Services?		ı ever obtained NO
Do you have a High School Diploi	ma? YES 📮	NO 🗆
Have you PASSED all five <u>GED</u> test Have you taken ANY part of the 200 version of the GED (Jan 1, 2002 to prese	2 YES 🖵	

→ If you answered "YES" to any question, turn this page over and complete the TWO boxes.